



U.S. Agency for
International
Development

Bureau for
Global Health

COUNTRY PROFILE

HIV/AIDS

BOLIVIA

Bolivia is considered the least developed nation in the Andean region and one of the poorest in South America. Although the overall prevalence of HIV is quite low in Bolivia, the nation is surrounded by countries with higher prevalence of HIV infection, such as Argentina, Brazil, and Peru.

The first cases of AIDS in Bolivia were identified in 1984, and by the end of 2003, slightly more than 400 people had died of AIDS-related causes. The United Nations Joint Programme on HIV/AIDS (UNAIDS) estimated that at the end of 2003, approximately 4,900 people were living with HIV/AIDS in Bolivia. Epidemiological surveillance reported 1,223 documented HIV and AIDS cases; approximately 23 percent of these were women, and 81 percent were aged 15 to 44.

Heterosexual transmission of HIV accounts for 61 percent of reported AIDS cases. Other forms of transmission include sex between men (23 percent), bisexual (10 percent), mother-to-child transmission (3 percent), blood and blood products (2 percent), and injecting drug use (1 percent).

Most seroprevalence studies conducted since 1996 indicate either low or very low HIV prevalence among populations that have been sampled. For example, in 2003, a rate of 21 percent was recorded among men who have sex with men in the city of Santa Cruz, and a small study conducted in 1997 found a rate of 2 percent among urban residents seeking care for sexually transmitted infections in the city of Cochabamba.



Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	4,900 (Range 1,600–11,000)
Total Population (2003)	8,586,000
Adult HIV Prevalence (end 2003)	0.1%
HIV-1 Seroprevalence in Urban Areas	
Population most at risk (i.e., sex workers and their clients, patients seeking treatment for sexually transmitted infections, or others with known risk factors)	2.0%
Population at least risk (i.e., pregnant women, blood donors, or others with no known risk factors)	0.5%

Sources: UNAIDS, U.S. Census Bureau

Registered commercial sex workers in Bolivia are required to have examinations for sexually transmitted infections every three months and tests for HIV every six months in order to retain their health certification. In 2003, HIV prevalence was zero percent among registered sex workers in five of the country's nine departments, and 0.2 percent was recorded among sex workers in the departments of La Paz, Cochabamba, Chuquisaca, and Santa Cruz. Sexually transmitted infections among female sex workers, however, are a cause for concern. In 2002, prevalence for gonorrhea, syphilis, and chlamydia were 2 percent, 4.4 percent, and 8.3 percent, respectively.

NATIONAL RESPONSE

Through the National AIDS Program of the Ministry of Health, four sentinel HIV surveillance sites have been well established for five years in the cities of Cochabamba, El Alto, La Paz, and Santa Cruz. Three additional sites were established in 2002 along the border with Brazil, and one was set up close to the Argentine border. At each site, HIV prevalence for 2003 was less than 1 percent.

Bolivia's health system reaches only about 70 percent of the population; the remaining 30 percent live in rural and impoverished areas. Relatively high rates of tuberculosis, malaria, Chagas' disease, leishmaniasis, dengue fever, and yellow fever occur throughout the country, and Bolivia's maternal and child mortality rates are among the highest in South America. The Government of Bolivia allocates the majority of health funds toward these problems, and few resources remain to offer HIV/AIDS prevention and care services.

Bolivia has, however, made a commitment to confront the HIV/AIDS epidemic. Officials have called on the civil society, the armed forces and police, academic institutions, the private sector, and others to work together to stop the spread of HIV. Bolivia is committed to protecting the human rights of its citizens, especially those affected by and infected with HIV, and to providing universal access to health care and treatment services. Bolivia has been able to mobilize support from the international community, and a large proportion of its funding comes from external sources. Antiretroviral drugs to treat HIV/AIDS are currently being donated by Brazil, and people living with HIV/AIDS receive the drugs at no cost. The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) awarded \$6 million for the first two years of support, beginning September 2004, which includes the supply of antiretroviral drugs for all eligible people living with HIV/AIDS.

USAID SUPPORT

The United States Agency for International Development (USAID) allocated a total of \$95 million in bilateral assistance to Bolivia in 2004. This figure is expected to rise to \$104 million in 2005. USAID's work aims to: increase economic opportunities in business and in agricultural development and trade, especially in rural areas; increase the efficiency and transparency of the government and the courts; improve access to health services; improve natural resources management; and promote social and economic development in rural areas.

Because HIV/AIDS in Bolivia is still largely limited to a few at-risk populations, USAID focuses its efforts on supporting the prevention objectives of the Ministry of Health, allocating \$0.9 million for HIV activities in 2004, including expanded access to voluntary counseling and testing, improved quality of diagnosis and treatment of sexually transmitted infections, health education, condom social marketing, national policy development, sentinel surveillance, and laboratory capacity-building.

Human Capacity Development and Treatment

USAID has been and continues to be the major source of support for the Ministry of Health's National AIDS Control Program and the national strategy for control of HIV/AIDS and sexually transmitted infections through the bilateral project for integrated health called PROSIN. PROSIN works with the nine departmental HIV and sexually transmitted infection clinics that offer diagnosis and treatment, promote behavior change for risk reduction, and conduct epidemiological surveillance. PROSIN provides these clinics with technical assistance and support for updating epidemiological information and clinical records (in consultation with the U.S. Centers for Disease Control and Prevention), assists in training health providers in syndromic management of sexually transmitted infections, and finances the purchase of essential equipment for the laboratory network, including equipment for the Bolivian National Reference Laboratory.

In late 2003 and early 2004, the USAID DELIVER Project provided technical assistance to the Ministry of Health to manage a supply of antiretroviral drugs donated by the Government of Brazil. DELIVER staff worked closely with PROSIN to monitor the drug procurement process and to verify that the drugs were registered in Bolivia. In addition, DELIVER identified a local laboratory that performed quality assurance tests; established a recording and reporting system for the distribution and tracking of drugs; established and helped monitor a system to support adequate

warehousing and storage; and designed an inventory control card for each antiretroviral drug. These processes and tools will be useful when the Government of Bolivia begins procurement of antiretroviral drugs with Global Fund resources in 2004–05.

Prevention

Voluntary Counseling and Testing: PROCOSI is a consortium of 36 local nongovernmental organizations that work to improve the health of Bolivia's rural poor. Among these nongovernmental organizations, Centro de Investigación, Educación y Servicios (CIES), PROSALUD, and SEXSALUD are developing the first program designed specifically to increase access to voluntary HIV counseling and testing for the general population in the cities of La Paz, El Alto, Cochabamba, and Santa Cruz and to three border towns near Argentina and Brazil.

Condom Social Marketing: Building on a program initially developed by Population Services International, the Bolivian nongovernmental organization PROSALUD implements a comprehensive social marketing program to improve the reproductive and sexual health of vulnerable and underserved populations, particularly youth, rural communities, and women of reproductive age. This project has successfully introduced several forms of contraceptives to the Bolivian market, including the *Pantera* condom and the *Reality* female condom. In less than 10 years, more than 28 million male condoms, 2.5 million cycles of oral contraceptives, and 300,000 doses of injectable hormonal contraceptives have been distributed throughout Bolivia, for a total of 547,000 couple years of protection.

Condom use for prevention of pregnancy, HIV, and sexually transmitted infections is promoted throughout Bolivia via television and radio advertisements, billboards, and promotional giveaways. Special campaigns are designed to coincide with important events such as World AIDS Days and Carnival. Condoms are sold through a national distribution network at approximately 3,000 points of sale. PROSALUD also works with other local nongovernmental organizations to sell condoms through community-based distribution systems in rural areas.

Prevention and Treatment of Sexually Transmitted Infections: In addition to its partnership with PROSIN in support of the departmental STI/HIV/AIDS clinics, USAID provides significant funding to CIES, a Bolivian nongovernmental organization that offers sexual and reproductive health services and education to women, men, and adolescents. CIES has nine model centers and two mobile units through which it provides a variety of reproductive health services, including long- and short-term contraception methods. Through its mobile units, CIES has been able to provide basic medical care and contraceptive counseling services to 11 rural municipalities in the remote region of Chuquisaca.

With support from USAID, CIES developed educational activities that address gender, health rights, gender-based violence, self-esteem, and prevention of HIV and sexually transmitted infections for specific groups of people at risk, such as sex workers.

Care and Support

Because resources for HIV/AIDS care and support will be available through the Global Fund, USAID/Bolivia does not provide financing for activities such as antiretroviral treatment and management of opportunistic infections.

IMPORTANT LINKS AND CONTACTS

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USAID HIV/AIDS Website for Bolivia:
http://www.usaid.gov/our_work/global_health/aids/Countries/lac/bolivia.html

Prepared for USAID by Social & Scientific Systems, Inc., under The Synergy Project.

For more information, see http://www.usaid.gov/our_work/global_health/aids or <http://www.SynergyAIDS.com>.

October 2004

